

Agency Case Number 21087613		Agency NCIC No. 0330200		GEORGIA MOTOR VEHICLE CRASH REPORT				County COBB			Date Rec. by DOT 11/13/2021		
Estimated Crash Date 11/9/2021	Time 04:57	Dispatch Date 11/9/2021		Time 04:57	Arrival Date 11/9/2021		Time 05:05	Vehicles 5	Injuries 2	Fatalities 0	Inside City Of		
Road of Occurrence I 285 EXPY					At Its Intersection With Of		ATLANTA RD				<input type="checkbox"/> Suppl. To Original? <input type="checkbox"/> Private Property? <input type="checkbox"/> Hit And Run?		
Not At Its Intersection But		<input type="checkbox"/> Miles <input type="checkbox"/> Feet	<input type="checkbox"/> North <input type="checkbox"/> South	<input type="checkbox"/> East <input type="checkbox"/> West	Latitude (Y) (Format) 33.76155 00.00000		Longitude (X) (Format) -84.49268 -00.00000						
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME SHILLING			FIRST MARK		Unit # 2	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME BRUNER			MIDDLE RAY	
	<input checked="" type="checkbox"/> Susp At Fault	Address 12 CARLOS FOLEY RD						<input type="checkbox"/> Susp At Fault	Address 3896 E GOLDENROD DR				
City RUSSELL SPRINGS				State KY	Zip 42642	DOB 7/30/1956	City GARDENDALE				State TX	Zip 79758	DOB 12/16/1963
Driver's License No S95534813		Class Y	State KY		Country US		Driver's License No 12476244		Class CLASS A	State TX		Country US	
Insurance Co. GREAT WEST CASUALTY				Policy No. VALID		Telephone No.		Insurance Co. EVEREST NATIONAL INS				Policy No. RM8CA00048	Telephone No. 4322481516
Year 2019	Make PETERBILT MOTOR CO	Model TK			Year 2021	Make PETERBILT	Model TK						
VIN 1XPBD49X9KD612051				Vehicle Color Green			VIN 1XPBD49X8MD759836				Vehicle Color Green		
Tag # A70848	State KY	County		Year 2020		Tag # 3FE349	State OK	County		Year 2021			
Trailer Tag #	State	County		Year		Trailer Tag #	State	County		Year			
<input type="checkbox"/> Same as Driver	Owner's Last Name ROGERS TRUCKING	First		Middle		<input type="checkbox"/> Same as Driver	Owner's Last Name WESTERN FLYER EXPRESS LLC	First		Middle			
Address 3489 GREENSBURG RD						Address PO BOX 270814							
City COLUMBIA				State KY	Zip 42728	City OKLAHOMA CITY				State OK	Zip 73137		
Removed By: BARROWS WRECKER <input type="checkbox"/> Request <input type="checkbox"/> List						Removed By: BARROWS WRECKER <input type="checkbox"/> Request <input type="checkbox"/> List							
Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type:	Results:	Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type:	Results:		
First Harmful Event: Motor Vehicle In Motion	Most Harmful Event: Motor Vehicle In Motion	Operator/Ped Cond: Not Drinking			First Harmful Event: Motor Vehicle In Motion	Most Harmful Event: Motor Vehicle In Motion	Operator/Ped Cond: Not Drinking						
Operator Factors: Following too Close						Operator Factors: No Contributing Factors							
Vehicle Factors: No Contributing Factors						Roadway Factors: No Contributing Factors							
Direction of Travel: South	Vehicle Maneuver: Straight	Non-Motor Maneuver:			Direction of Travel: South	Vehicle Maneuver: Straight	Non-Motor Maneuver:						
Vehicle Class: Commercial Motor Vehicle (CMV)	Vehicle Type: Tractor/Trailer	Vision Obscured: Not Obscured			Vehicle Class: Commercial Motor Vehicle (CMV)	Vehicle Type: Tractor/Trailer	Vision Obscured: Not Obscured						
Number of Occupants: 1	Area of Initial Contact: Front End	Damage to Vehicle: Disabling Damage			Number of Occupants: 1	Area of Initial Contact: Front End	Damage to Vehicle: Disabling Damage						
Traffic Way Flow: One-Way Trafficway	Road Composition: Black Top	Road Character: Straight and Level			Traffic Way Flow: One-Way Trafficway	Road Composition: Black Top	Road Character: Straight and Level						
Number of Lanes: 5	Posted Speed: 65	Work Zone: None			Number of Lanes: 5	Posted Speed: 65	Work Zone: None						
Traffic Control: Lanes <input type="checkbox"/> Device Inoperative: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Traffic Control: Lanes <input type="checkbox"/> Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Citation Information: Citation # 3893653 O.C.G.A. § 40-6-49						Citation Information: Citation # O.C.G.A. §							
Citation # O.C.G.A. §						Citation # O.C.G.A. §							
Citation # O.C.G.A. §						Citation # O.C.G.A. §							
COMMERCIAL MOTOR VEHICLES ONLY													
Carrier Name ROGERS TRUCKING INC						Carrier Name WESTERN FLYER EXPRESS							
Address 3489 GREENSBURG RD		City COLUMBIA		State	Zip	Address PO BOX 270814		City OKLAHOMA CITY		State	Zip		
U.S. D.O.T. # 105239						No. of Axles 3	G.V.W.R 26001 or Greater		U.S. D.O.T. # 658909		No. of Axles 5	G.V.W.R 26001 or Greater	
Cargo Body Type Van Enclosed-Box		Vehicle Config. Tractor Trailer		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type Van Enclosed-Box		Vehicle Config. Tractor Trailer		<input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
C.D.L. ?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. ?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Vehicle Placarded?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Hazmat Released?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:		Hazmat Released?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:			
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units							

EXHIBIT  
PL 1

Unit # <b>3</b>	<input checked="" type="checkbox"/> Driver	LAST NAME NANIGAN			FIRST JAMES		MIDDLE DENTON	Unit # <b>4</b>	<input checked="" type="checkbox"/> Driver	LAST NAME TEAGUE			FIRST REGINOLD	MIDDLE MARCEL	
	<input type="checkbox"/> Ped				<input type="checkbox"/> Ped				<input type="checkbox"/> Bike						
	<input type="checkbox"/> Bike				<input type="checkbox"/> Bike				<input type="checkbox"/> Susp At Fault						
<input type="checkbox"/> Susp At Fault		Address 151 ELLINGTON DR					<input type="checkbox"/> Susp At Fault		Address 985 ELIZA ANN CV						
City JEFFERSON				State GA	Zip 30549317	DOB 6/18/1971	City LAWRENCEVILLE				State GA	Zip 30045724	DOB 10/7/1972		
Driver's License No 055715912		Class CLASS A	State GA	Country US	Driver's License No 053344341		Class CLASS A	State GA	Country US						
Insurance Co. ACE INSURANCE		Policy No. XSA H25549910		Telephone No. 8332124357		Insurance Co. TRAVELERS		Policy No. TJ CAP 8E093492TIL21		Telephone No. 6782946824					
Year 2022	Make VOLVO	Model TK			Year 2014	Make OTHER	Model TK								
VIN 4V4N39TG2NN294364	Vehicle Color White			VIN 1GRDM9627EH723376		Vehicle Color White									
Tag # M8020HY	State TN	County FAYETTE	Year 2021	Tag # P372697	State IN	County	Year								
Trailer Tag #	State	County	Year	Trailer Tag #	State	County	Year								
<input type="checkbox"/> Same as Driver	Owner's Last Name SOUTHEASTERN FREIGHT	First	Middle	<input type="checkbox"/> Same as Driver	Owner's Last Name SAMUEL AND SON	First	Middle								
Address 4141 MURFREESBORO RD				Address 2675 MORGANTOWN RD											
City ANTIOCH		State TN	Zip 37013	City READING		State PA	Zip 19607								
Removed By: DRIVER				<input type="checkbox"/> Request	<input type="checkbox"/> List	Removed By: DRIVER				<input type="checkbox"/> Request	<input type="checkbox"/> List				
Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type:	Results:	Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type:	Results:				
First Harmful Event: Motor Vehicle In Motion	Most Harmful Event: Motor Vehicle In Motion	Operator/Ped Cond: Not Drinking			First Harmful Event: Motor Vehicle In Motion	Most Harmful Event: Motor Vehicle In Motion	Operator/Ped Cond: Not Drinking								
Operator Factors: No Contributing Factors				Operator Factors: No Contributing Factors											
Vehicle Factors: No Contributing Factors		Roadway Factors: No Contributing Factors		Vehicle Factors: No Contributing Factors		Roadway Factors: No Contributing Factors									
Direction of Travel: South	Vehicle Maneuver: Stopped	Non-Motor Maneuver:			Direction of Travel: South	Vehicle Maneuver: Stopped	Non-Motor Maneuver:								
Vehicle Class: Commercial Motor Vehicle (CMV)	Vehicle Type: Tractor/Trailer	Vision Obscured: Not Obscured			Vehicle Class: Commercial Motor Vehicle (CMV)	Vehicle Type: Tractor/Trailer	Vision Obscured: Not Obscured								
Number of Occupants: 1	Area of Initial Contact: Rear End	Damage to Vehicle: Functional Damage			Number of Occupants: 1	Area of Initial Contact: Rear End	Damage to Vehicle: Minor Damage								
Traffic Way Flow: One-Way Trafficway	Road Composition: Black Top	Road Character: Straight and Level			Traffic Way Flow: One-Way Trafficway	Road Composition: Black Top	Road Character: Straight and Level								
Number of Lanes: 5	Posted Speed: 65	Work Zone: None			Number of Lanes: 5	Posted Speed: 65	Work Zone: None								
Traffic Control: Lanes				Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: Lanes				Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Citation Information:					Citation Information:										
Citation #	O.C.G.A. §				Citation #	O.C.G.A. §									
Citation #	O.C.G.A. §				Citation #	O.C.G.A. §									
Citation #	O.C.G.A. §				Citation #	O.C.G.A. §									
<b>COMMERCIAL MOTOR VEHICLES ONLY</b>															
Carrier Name SOUTHEASTERN FRIEGHT LINES					Carrier Name SAMUEL AND SON										
Address 420 DAVEGA RD		City LEXINGTON	State	Zip	Address 3635 FRANCIS CIR		City ALPHARETTA	State	Zip						
U.S.D.O.T. # 63419		No. of Axles 5	G.V.W.R 26001 or Greater		U.S.D.O.T. # 342033		No. of Axles 5	G.V.W.R 26001 or Greater							
Cargo Body Type Van Enclosed-Box		Vehicle Config. Tractor Trailer	<input checked="" type="checkbox"/> Interstate	Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cargo Body Type Van Enclosed-Box		Vehicle Config. Tractor Trailer	<input checked="" type="checkbox"/> Interstate	Fed. Reportable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
C.D.L. ?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. ?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L. Suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Vehicle Placarded?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vehicle Placarded?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hazardous Materials? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Hazmat Released?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:		Hazmat Released?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:							
<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway		<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units		<input type="checkbox"/> Ran Off Road		<input type="checkbox"/> Down Hill Runaway		<input type="checkbox"/> Cargo Loss or Shift		<input type="checkbox"/> Separation of Units	

Unit # <b>5</b>	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME BALL	FIRST DAVIS	MIDDLE BENNETT
<input type="checkbox"/> Susp At Fault  Address 17 BRAG MAY LANE				
City MONTICELLO		State MS	Zip 39654	DOB 10/18/1965
Driver's License No 802763113		Class CLASS C	State MS	Country US
Insurance Co. SELF INSURED		Policy No. 0000000	Telephone No. 2058477742	
Year 2010	Make GENERAL MOTORS CORP	Model YUKON		
VIN 1GKUCAE0XAR245624	Vehicle Color White			
Tag # LWA1317	State MS	County	Year 2021	
Trailer Tag #	State	County	Year	
<input checked="" type="checkbox"/> Same as Driver		Owner's Last Name BALL	First DAVIS	Middle BENNETT
Address 17 BRAG MAY LANE				
City MONTICELLO		State MS	Zip 39654	
Removed By: DRIVER <input type="checkbox"/> Request <input type="checkbox"/> List				
Alcohol Test: No	Type: Not Tested	Results: None Given	Drug Test: No	Type: Results:
First Harmful Event: Motor Vehicle In Motion	Most Harmful Event: Motor Vehicle In Motion	Operator/Ped Cond: Not Drinking		
Operator Factors: No Contributing Factors				
Vehicle Factors: No Contributing Factors		Roadway Factors: No Contributing Factors		
Direction of Travel: South	Vehicle Maneuver: Straight	Non-Motor Maneuver:		
Vehicle Class: Privately Owned	Vehicle Type: Sports Utility Vehicle (SUV)	Vision Obscured: Not Obscured		
Number of Occupants: 1	Area of Initial Contact: Front End	Damage to Vehicle: Disabling Damage		
Traffic Way Flow: One-Way Trafficway	Road Composition: Black Top	Road Character: Straight and Level		
Number of Lanes: 5	Posted Speed: 65	Work Zone: None		
Traffic Control: Lanes		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Citation Information:				
Citation #	O.C.G.A. §			
Citation #	O.C.G.A. §			
Citation #	O.C.G.A. §			
<b>COMMERCIAL MOTOR VEHICLES ONLY</b>				
Carrier Name				
Address	City	State	Zip	
U.S. D.O.T. #		No. of Axles	G.V.W.R	
Cargo Body Type	Vehicle Config.	<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate	Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No	
C.D.L. ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	C.D.L. Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Placarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Materials? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hazmat Released?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES: Name or 4 Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond:				
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units				

## COLLISION FIELDS

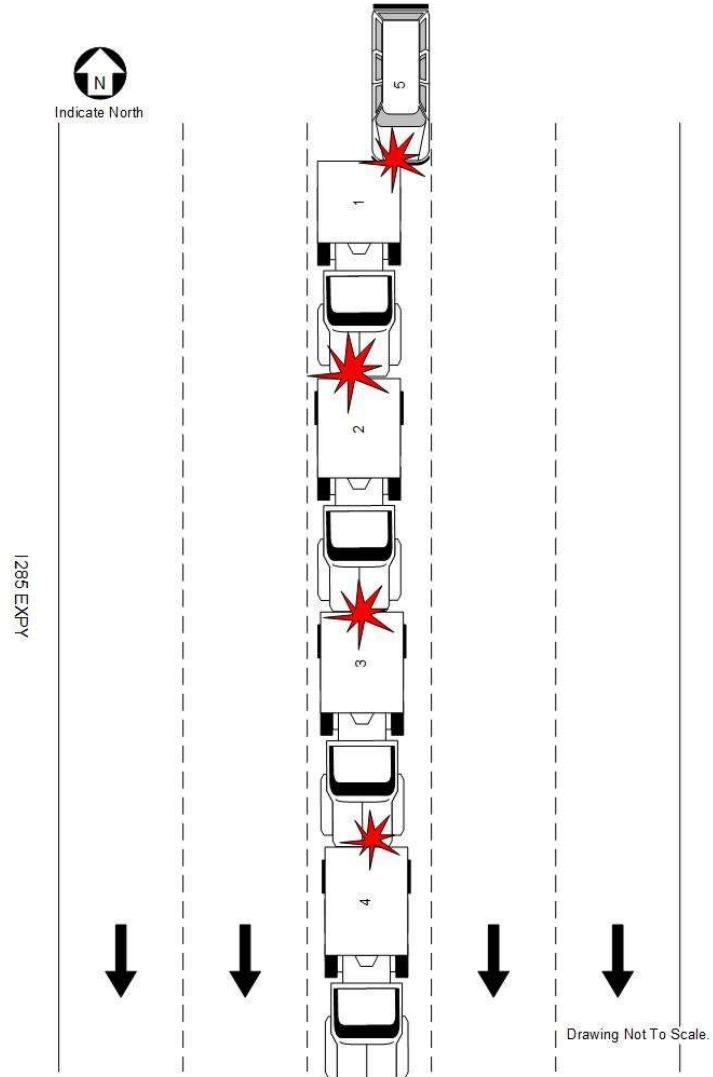
Manner of Collision: Rear End	Location at Area of Impact: On Roadway - Non-Intersection	Weather: Clear	Surface Condition: Dry	Light Condition: Dark-Lighted
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## NARRATIVE

Added :Nov 9 2021 6:17AM

D1,2,3,4 and 5 traveled SB on I285 before Atlanta Rd.D1 advised that when he saw that traffic was slowing down he attempted to stop. D1 advised that he could not stop in time to avoid rear ending D2. D1 veh had damage to the front end. D1 was not able to give a contact number at the scene.D2 advised that he was slowing for traffic ahead of him when he was rear ended by D1. D1 was also ouched into D3 by the impact. D2 veh had damage to both the front and rear end.D3 was at a stop when his veh was rear ended by D2. He was pushed into D4. D3 veh had damage to the front and rear end.D4 was at a stop when he was rear ended. D4 veh had damage to the rear end.D5 was taken to the hospital before he was able to give a statement. He was transported to Kennestone for injuries. His cell phone was left in the vehicle when he was transported and he was discharged by the time contact was attempted at Kennestone. D1, D2 and D5 veh were towed by Barrows Wrecker Service.D1 was cited for following too closely. 3893653No further.

## DIAGRAM



## PROPERTY DAMAGE INFORMATION

Damage Other Than Vehicle:

Owner:

## WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number

## OCCUPANT INFORMATION

1	Name (Last, First): SHILLING, MARK					Address: 12 CARLOS FOLEY RD RUSSELL SPRINGS, KY 42642				
	Age: 65	Sex: Male	Unit #: 1	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: Yes	Air Bag: Deployed Air Bag	Injury: Suspected Serious	Taken for Treatment: Yes
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Injury (A) Hospital Arrival Time:	
2	Name (Last, First): BRUNER, WALTER					Address: 3896 E GOLDENROD DR GARDENDALE, TX 79758				
	Age: 57	Sex: Male	Unit #: 2	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Injury (A) Hospital Arrival Time:	
3	Name (Last, First): NANIGAN, JAMES					Address: 151 ELLINGTON DR JEFFERSON, GA 305493172				
	Age: 50	Sex: Male	Unit #: 3	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Injury (A) Hospital Arrival Time:	
4	Name (Last, First): TEAGUE, REGINOLD					Address: 985 ELIZA ANN CV LAWRENCEVILLE, GA 300457240				
	Age: 49	Sex: Male	Unit #: 4	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Non-Deployed Air	Injury: No Apparent Injury	Taken for Treatment: No
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Injury (A) Hospital Arrival Time:	
5	Name (Last, First): BALL, DAVIS					Address: 17 BRAG MAY LANE MONTICELLO, MS 39654				
	Age: 56	Sex: Male	Unit #: 5	Position: Front Seat-Left Side	Safety Eq: Lap and Shoulder Belt Used	Ejected: Not Ejected	Extricated: No	Air Bag: Deployed Air Bag	Injury: Suspected Serious	Taken for Treatment: Yes
	Injured Taken To:		By:		EMS Notified Time:		EMS Arrival Time:		Injury (A) Hospital Arrival Time:	

## ADMINISTRATIVE

Photos Taken: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	By:	<i>Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 635-2963.</i>						
Report By: RASHAD, (1945)	Agency: Cobb County Police Department	Report Date: 11/09/2021 00:00	Checked By: ROE,	Date Checked: 11/11/2021				